

**RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS.  
READ CAREFULLY BEFORE SIGNING.  
WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNITY  
AGREEMENT AND CONSENT FOR MEDICAL TREATMENT.  
719Lacrosse Inc. ("719LAX") VOLUNTEER**

The Volunteer identified below, who is at least 18 years old, or if Volunteer is younger than 18 ("Minor"), the Minor's parent or legal guardian, has read this Agreement and has signed it on behalf of him/herself and the Minor, if applicable. The adult Volunteer or the Minor's parent or legal guardian, is referred to herein as "Adult", and Adult and the Minor are collectively referred to as the "Undersigned". "Volunteer" refers to the person actually taking part in some or all of the 719LAX volunteer activities which include but are not limited to assisting with, preparing for or tearing down a venue, as well as participating in the administration, staging, monitoring, and/or governance of an activity, competing in an event, assisting participants with preparing and training for and competing in an event. **The Undersigned understand and agree that Volunteer will not be permitted to take part in any Activity unless this Warning, Assumption of Risk, Release of Liability and Indemnity Agreement and Consent for Medical Treatment ("Agreement") is fully executed.**

UNDERSIGNED UNDERSTAND AND AGREE THAT THIS AGREEMENT WILL APPLY FOR EACH AND EVERY DAY VOLUNTEER ENGAGES IN ANY ACTIVITY DURING 2018 WITHOUT REQUIRING UNDERSIGNED TO SIGN AN ADDITIONAL AGREEMENT FOR EACH DAY AND/OR EACH ACTIVITY UNTIL UNDERSIGNED REVOKE IT IN WRITING AND THAT WRITING IS ACCEPTED IN WRITING, SIGNED BY THE 719LAX'S AUTHORIZED REPRESENTATIVE.

The Undersigned understand and agree that Volunteer is not an employee of the 719LAX regardless of any non-cash remuneration for time and services, which he/she may receive. The Undersigned understand and agree that as a Volunteer, VOLUNTEER IS NOT COVERED BY WORKERS' COMPENSATION and Volunteer has been advised to have his/her own medical insurance coverage.

Undersigned understand and agree that indoor and outdoor recreational activities involve certain dangers and risks that can lead to injury and death. Such risks and dangers include, without limitation, dehydration, overexertion, heat related injuries, insect bites/stings, rapidly changing weather conditions, exposure to the sun, hail, rain and lightning, wildlife encounters, uneven terrain and playing fields, rocks and gravel and potentially slippery conditions and/or travel to or from an Activity. For those Activities taking place in Colorado, additional risks include, but are not limited, to reduced oxygen in the air at high altitude, falling trees and limbs and increased risk of dehydration. Undersigned further understand and agree that certain types of the Activities in which Volunteer will be engaged involve risks in addition to those stated above and that some but not all of those risks are described below.

Undersigned understand and agree that there are also risks involved in decision-making and conduct of 719LAX employees involved with an Activity, including, but not limited to, the risks involved with rescue operations and/or medical care conducted or provided by 719LAX personnel inside or outside of 719LAX boundaries and the risk that an instructor/guide/coach may misjudge weather, terrain or route selection, or some aspect of Volunteer's conditioning, abilities, mental, emotional or physical condition that may make a certain portion of any Activity appropriate or inappropriate for the Volunteer.

By signing this Agreement Adult on his/her own behalf and, if applicable, on behalf of Minor, acknowledges the general risks described above and the specific risks associated with the Activities and, as a condition to Volunteer engaging in the Activities agrees to (1) ASSUME ANY AND ALL RISKS OF INJURY OR DEATH to the Volunteer resulting from participation in any Activity; (2) WAIVE, RELEASE, and NOT SUE, MAKE ANY CLAIMS OR FILE ANY ACTIONS against the 719LAX, or operators of events, training venues and Activities, each of their insurance carriers, subsidiaries, affiliates, officers, directors, shareholders, members, representatives, assignees, employees, volunteers and agents, and equipment manufacturers and distributors (hereinafter the "Indemnified

Parties”) that are based on or that result from, in whole or in part, participation in Activities; (3) INDEMNIFY, DEFEND AND HOLD THE INDEMNIFIED PARTIES HARMLESS from any and all claims, demands, actions, causes of action, losses or liabilities whatsoever arising from or related to any loss, damage or injury, including death, that may be sustained by Volunteer or caused to others or their property by Volunteer while taking part in any Activity, including, but not limited, to those injuries and damages caused by negligence and/or breach of warranty, express or implied, on the part of the Indemnified Parties. Undersigned agree to pay all costs including reasonable attorneys’ fees and disbursements incurred by any Indemnified Party in defending an investigation, claim or suit brought by or on behalf of Undersigned.

ACTIVITIES:

FIELD AND COURT SPORTS

Some of the risks and dangers, involved in participation in field and court sports and fencing include without limitation, the action or inaction of the Participant or others participating in the activities, the condition of the premises where the activities take place, actions or inactions of coaches, trainers, supervisors, observers, and attendants conducting the activities and risks inherent in the sports themselves such as throwing, catching and hitting balls, swinging of bats, clubs, rackets, use of foils, epees and sabers, and use of other sports equipment, contact with other participants, knee and ankle injuries, eye injuries, cuts and lacerations, and use of any equipment provided or made available by the 719LAX and the potential for equipment malfunction.

Undersigned recognize that injuries are a common and ordinary occurrence of participation in the Activities, and that death may even result. Nonetheless and with full knowledge and understanding of the above general and specifically identified risks involved in the various activities, Adult voluntarily elects to, or, if applicable, choose to allow Minor to participate in the Activities. Undersigned understand and agree that to reduce the risk of injury or death the Volunteer will wear a helmet at all times while horseback riding, bicycle riding, in-line skating, climbing, and as required when rafting, canoeing or kayaking.

Undersigned, will, to the extent possible, carefully follow all instructions on the safe and proper use of the equipment and will ask questions and request instructions so that the function and proper and safe use of all equipment rented or otherwise made available to Volunteer is clear to and understood by the Adult Volunteer or by the parent or legal guardian of the Minor so that such may be explained to and understood by the Minor before the Activity is undertaken.

Undersigned understand and agree that helmets cannot guarantee the wearers safety nor can protect against all potential head injuries or prevent injury to the face, neck or spinal cord.

Undersigned agree to accept “as is” the equipment provided to Volunteer and accept full responsibility for its care and will pay for any loss or damage, other than reasonable wear resulting from its use. The Undersigned acknowledge and agree that he/she is responsible for determining Volunteer’s medical, physical or other qualifications or suitability for participating in the Activity. The Undersigned authorize any Indemnified Party and/or their authorized personnel to call for medical care for the Volunteer or to transport the Volunteer to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. The Undersigned agree that upon arrival of medical personnel or, where applicable, Volunteer’s transportation to any such medical facility or hospital that Indemnified Party shall have no further responsibility for Volunteer. Further, the Undersigned agree to pay all costs associated with such medical care and related transportation provided for Volunteer and shall indemnify and hold harmless any Indemnified Party for any costs incurred therein, or any claims originating there from.

Undersigned give 719LAX to take and use photographs, video recordings, or movies of Participant taken during an Activity and use and sublicense such material for any purpose in promoting 719LAX or related activities of 719LAX in print, brochures, advertisements, films or videos and on broadcast presentations of any sort.

In consideration for participation in an Activity, Adult agrees for him/herself and on behalf of Minor, if applicable, that ALL claims arising from or related to any Activity, including for injury to person or property and/or death shall be GOVERNED BY COLORADO LAW, without regard to conflicts of law principles, and that EXCLUSIVE JURISDICTION shall be in the District Court residing where the alleged incident occurred or in Federal Court for the District of Colorado. UNDERSIGNED VOLUNTARILY

AND IRREVOCABLY WAIVE ANY OBJECTION TO SUCH LAW AND JURISDICTION.

This Agreement shall be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the remaining terms shall be enforceable. THE UNDERSIGNED PARENT OR LEGAL GUARDIAN REPRESENTS AND ACKNOWLEDGES THAT HE/SHE IS ENTITLED TO AND IS SIGNING THIS AGREEMENT ON BEHALF OF MINOR AND THAT MINOR WILL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. UNDERSIGNED UNDERSTAND AND AGREE THAT IF THIS AGREEMENT IS NOT SIGNED ON BEHALF OF MINOR, MINOR WILL NOT BE PERMITTED TO PARTICIPATE IN ANY ACTIVITIES. This Agreement shall be binding upon Undersigned's assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

UNDERSIGNED HAVE CAREFULLY READ THIS AGREEMENT, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Executed this \_\_\_\_\_ day of, 2018.

\_\_\_\_\_  
PRINT Name of Volunteer

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Address of Volunteer Age of Volunteer

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian

Emergency Contact: \_\_\_\_\_ Telephone Number ( \_\_\_ ) \_\_\_\_\_